

In re Application of: Docket No. 03068.001200
Nestor J. SANTI, et al. Examiner: Aaron M. Dunwoody
Application No.: 10/700,484 Group Art Unit: 3679
Filed: November 5, 2003 Confirmation No.: 7754
For: HIGH-STRENGTH SEALED CONNECTION
FOR EXPANDABLE TUBULARS July 16, 2007

Mail Stop Amendment

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith are a Preliminary Amendment and a Request for Continued Examination in the above-identified application.

No additional claims fee is required.

The fee has been calculated as shown below

| CLAIMS AS AMENDED | | | | | | |
|---|---|-------|---------------------------------------|------------------|------------------|-------------------|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | 37 | MINUS | 47 | 0 | x \$25 \$50 | 0.00 |
| INDEP. CLAIMS | 3 | MINUS | 5 | 0 | x \$100 \$200 | 0.00 |
| Fee for Multiple Dependent claims \$150/\$300 | | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT— | | | | | | 0.00 |

- Verified Statement claiming small entity status is enclosed, if not filed previously.
- Please charge Deposit Account No. 06-1205 in the amount of \$790.00 to cover the RCE fee and \$1,020.00 to cover the fee for a 3 month extension.
- Charge _____ to Deposit Account No. 06-1205.
- Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.
- A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.
- Applicant's attorney may be reached in our Washington, D.C., office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address below.

Respectfully submitted,

/warreneolsen/
Attorney for Applicant
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